



DEPARTMENT OF HEALTH

SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

407 Belmont Avenue, Yankton, SD 57078

Email: sdbce@iw.net phone/fax: 605-668-9017

Important Notice:

Completion of this application is necessary for consideration for certification under South Dakota codified law chapter 36-5 and administrative rule 20:41:13. Disclosure of this information is voluntary, however, failure to disclose all requested information may result in application not being processed and may subsequently result in denial. ***All candidates for certification have an obligation to update and supplement the information and responses if they change.***

Chiropractic X-ray Certification Checklist:

1. Please type or print **legibly** with black or blue ink only.
2. Application fee of \$50 (check payable to the South Dakota Board of Chiropractic Examiners or contact board office for credit card payment) must be included with the application and is not refundable.
3. Include 2x2 picture as indicated on last page of application.
4. Application needs to be notarized by a notary public before submitting to the board office.
5. Submit application and paperwork to the board office address listed at the top of this page or on the day of x-ray testing.
6. Once certified by the board, renewal fee will be \$25.00 *per year* and continuing education will be 4 hours every two years ending on the odd year.

SOUTH DAKOTA CHIROPRACTIC X-RAY APPLICATION

APPLICANT IDENTIFYING INFORMATION (PLEASE PRINT LEGIBLY)

Name (First, Middle, Last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: home/mobile _____ office _____

fax _____

Email: _____

This email will be used to correspond with you regarding your application and certificate. Please be sure email is always current.

Social Security Number: _____ Date of Birth: _____

Identify any maiden name, surname or other name or aliases you have been known by: _____

CITIZENSHIP

Are you a United States Citizen: Yes _____ No _____

If you answered NO to above question, please provide detailed explanation on separate paper.

MILITARY SERVICE

Are you an active duty member or the spouse of an active duty member of armed forces of the United States? Yes _____ No _____

If yes were you or your spouse the subject of a military transfer to South Dakota? Yes _____ No _____

EDUCATION INFORMATION

College or University Name: _____

Location: _____

Dates of Attendance: from _____ (mo/yr) to _____ (mo/yr)

Graduated Yes _____ No _____ Degree earned/major _____

Date of graduation _____ (month/day/year)

SPECIALIZED X-RAY TECH TRAINING

36 hour training received from SDCA / Dr. Jeff Rich

Date Completed: _____

Other x-ray training

Location _____

Dates of Attendance: from _____ (mo/yr) to _____ (mo/yr)

Graduated Yes _____ No _____ Degree earned/major _____

Date of graduation _____ (month/day/year)

EMPLOYMENT HISTORY

Complete employment history for the last 5 years starting with current/most recent employer. If you have never been employed, insert N/A for not applicable. You are authorized to photocopy this form if additional space is needed. ***Explain any breaks in employment history of greater than 6 months.***

Current Employer Name: _____

Current Address: _____

Current Telephone Number: _____

Position Held: _____

Dates Employed – From: _____ To: _____

Employer Name: _____

Address: _____

Telephone Number: _____

Position Held: _____

Reason for Termination/Resignation: _____

Dates Employed – From: _____ To: _____

Employer Name: _____

Address: _____

Telephone Number: _____

Position Held: _____

Reason for Termination/Resignation: _____

Dates Employed – From: _____ To: _____

Employer Name: _____

Address: _____

Telephone Number: _____

Position Held: _____

Reason for Termination/Resignation: _____

Dates Employed – From: _____ To: _____

CERTIFYING STATEMENT – PLEASE READ ALL QUESTIONS AND SIGN AFFIDAVIT BELOW

1. Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?
Yes _____ No _____

2. Have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority: federal, state or municipal other than speeding tickets?
Yes _____ No _____
(this includes any other professional license that has had action taken against it or been suspended and/or any criminal convictions or deferred sentences where a guilty or no contest has been given)

3. Have you ever been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, etc?
Yes _____ No _____

***If you answered yes to any of the questions 1 through 3, please attach a letter with an explanation including any charges, dates, county/state and the outcome.**

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct **and that the photograph attached hereto is a true likeness of myself**. I also agree to abide by the laws of the state of South Dakota concerning chiropractic radiography.

Signature of Applicant (do not print)

Printed Name of Applicant

Date

Attach Photo Here

For identification purposes, the applicant shall furnish one 2x2 photograph taken not more than six months before the date of the application.

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public

SEAL